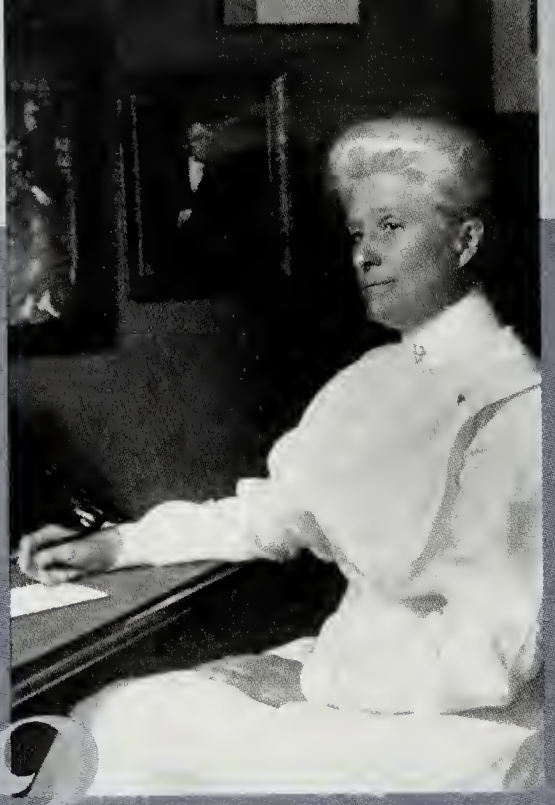


COLUMBIA UNIVERSITY SCHOOL OF NURSING

2000

MILLENNIUM REPORT





1892

"The field is wide; you must set no limits to your usefulness..."

—Anna Caroline Maxwell
founder,
Columbia University
School of Nursing

On the cover: Since 1892, the School of Nursing has been at the forefront of the profession, fighting for educational standards in the early 1900s, assembling nursing units for overseas duty during the world wars, and initiating pioneering primary-care practices in the 1990s. Representing both ends of this century-plus span of innovation are (upper left) Sarah Key Davis, class of 1894, demonstrating the state-of-the-art tonics of the late 1800s, and current faculty member Joyce K. Anastasi, PhD, who is leading a clinical trial of acupuncture and moxibustion (which involves burning of the mugwort plant), a promising remedy for relieving the symptoms of HIV/AIDS. Dr. Anastasi's $2.1 million study is the largest individual grant ever awarded by the National Center for Complementary and Alternative Medicine of the National Institutes of Health.

The turn of the millennium is a fitting time to reflect on our past and our future. For more than a century, we prepared the best clinical practitioners in the world, bar none, and we did much to raise the level of nursing education. The simple mention that you were a Columbia nurse would open the doors of any health care employer anywhere — and it still does.

However, towards the end of our first hundred years, we realized that we had barely tapped the potential of the Columbia nurse, and that our faculty and our graduates could contribute so much more to education, practice, and research, as well as to health policy. And so we have been engaged in building the resources to make that possible. In so doing, we have redefined what a nursing school can do.

We redesigned the curriculum so that all students study toward the master's degree or beyond, essentially making the statement that graduate study is preferred for entry into professional practice. We instituted a universal faculty practice plan whereby all nursing faculty practice or conduct funded research at the highest level of her or his professional credentialing. Our advanced practice nurses gained full admitting privileges to the Presbyterian Hospital, a first at a major teaching hospital. We established a doctoral program in health policy and health services research, the only one of its kind. We also opened a faculty practice — Columbia Advanced Practice Nurse Associates (CAPNA) — where nurses are compensated by commercial insurers at the same rates as primary care physicians. We were the first and only nursing school to be designated a World Health Organization Collaborating Center of International Nursing Development in Advanced Practice. And we launched a serious effort to develop a research presence, attracting funding from the National Institutes of Health.

As this report demonstrates, this is only the start. With many other innovations in the works, we are even more excited about what the next decade may bring.

Mary Mundinger

Mary O'Neil Mundinger, DrPH
Dean and Centennial Professor in Health Policy





2000

"The turn of the millennium is a fitting time to reflect on our past and our future. For more than a century, we prepared the best clinical practitioners in the world, bar none, and we did much to raise the level of nursing education. The simple mention that you were a Columbia nurse would open the doors of any health care employer anywhere — and it still does."

— Dean Mary O'Neil Mundinger, DrPH

Nursing in the New Millennium

The millennium wasn't even a week old and already the Columbia University School of Nursing was making headlines. The news came in the form of a scientific paper, published in the January 5, 2000, issue of the *Journal of the American Medical Association (JAMA)*, that may eventually change the face of primary care in the United States.

The groundbreaking study addressed whether nurse practitioners in independent practice can produce the same outcomes in primary care as physicians, a heretical notion in some corners of the medical establishment. And the answer? An emphatic yes. According to the researchers, a multidisciplinary team led by Dean Mary O'Neil Mundinger, DrPH, "In an ambulatory care situation, in which patients were randomly assigned to either nurse practitioners or physicians, and where nurse practitioners had the same authority, responsibilities, productivity and administrative requirements, and patient population as primary care physicians, patients' outcomes were comparable."

"This study is a remarkable accomplishment, the most ambitious and well-executed comparison of nurse practitioners with physicians," commented Harold Sox, a physician at Dartmouth-Hitchcock Medical Center, Lebanon, N.H., in an accompanying editorial in *JAMA*. Dr. Sox added, "Group practices that need to hire primary care health professionals may hire nurse practitioners rather than physicians.... The Columbia study, taken in the context of cost control and the growth of the nurse practitioner workforce, is likely to mean more competition for general internists and family physicians. Competition can lead to a higher standard of care, as health professionals redouble their efforts to please their employers and satisfy their patients. That outcome is good for society.... Urban academic medical centers that are striving to provide a system of care for patients who live nearby should take notice."

This special millennium report reviews the School's many accomplishments since the mid-1980s, which have earned Columbia's nurses a position of prominence not only in the field of nursing but in all of health care.



Sarah Key Davis, class of 1894

1894

"Nurses will find that there is no knowledge, even of subjects far removed from nursing, which may not prove useful."

— Anna C. Maxwell, founder,
Columbia University
School of Nursing

Building on a Tradition of Excellence

The seeds of the School of Nursing's resurgence can be traced to the mid-1980s, when Dr. Mundinger was appointed dean. Fresh from a Robert Wood Johnson Health Policy Fellowship in Washington, D.C., where she worked as Sen. Edward Kennedy's health policy advisor, Dean Mundinger brought a new mindset to the School: that nursing's potential had hardly been tapped and that nurses should have an impact on larger health issues. Engaging the faculty in this new vision, the plan was to build on the School's century-plus tradition of clinical excellence, and to bring faculty into the academic fold, on a par with the other health professions programs at Columbia University.



1898

The nurses of Red Cross Auxiliary No. 3, Sternberg Field Hospital, Chickamauga Park, Georgia, led by Anna C. Maxwell, during the Spanish-American War

Universal faculty practice

A major goal was to develop educational programs that were more market responsive, with less distance between teachers and practitioners. This was accomplished by instituting a universal faculty practice plan. This pioneering policy, a part of the Columbia Model of Nursing Education (since adopted by many other schools), requires all faculty members to engage in an outside clinical practice that is salaried, scholarly, and secondary to their teaching responsibilities, and offers opportunities to develop or test nursing theory or practice. Doctorally trained faculty are expected to conduct funded research.

The faculty practice plan has several advantages. First, it serves as an early warning system of changes in the health care system. Without active clinicians, the faculty run the risk of teaching yesterday's skills for tomorrow's practice. Another advantage is that the practices open up a wide variety of clinical sites in which students can learn, further enriching their Columbia nursing education. The practice plan also brings in a new source of revenue to support faculty salaries, ensuring its success.

Curriculum revisions

Concurrently, the faculty embarked upon a major curriculum revision, with two goals in mind. One was to make the master's degree the entry level to professional practice (in keeping with other professional schools at the University), so that all students enroll with the ultimate aim of obtaining a graduate degree. The second was to create multiple pathways to the master's, accommodating the widely varying pool of applicants, who range from registered nurses with a baccalaureate to college graduates with degrees in other fields seeking a second career.



Anna C. Maxwell, founding director of the School of Nursing, who served from 1892 to 1921.



Little change was needed for the students with previous nursing experience, and a new pathway was developed to provide a joint BS-MS degree program for experienced nurses from diploma or associate degree programs. College graduates with non-nursing degrees were accommodated with the new Entry-to-Practice (ETP) program, which offers an accelerated, three-and-a-half-year path to the master's degree in advanced practice nursing.

One of the ETP program's main attractions is that students are treated as master's degree candidates from the onset; graduate theory is presented in the first semester. Other ETP hallmarks are clinical experiences that focus on each student's choice of graduate specialty (e.g., labor and delivery staff nursing for the eventual midwifery student) and the transitional residency, a midpoint requirement for full-time practice between the baccalaureate and master's phases. The residency consists of eight weeks of full-time staff nursing, plus a weekly seminar focusing on what will be expected of students on the next level as advanced nurses. In return for mentoring these students, the clinical sites get the services and expertise of a Columbia graduate resident during the summer, traditionally a period of high staff turnover. About 90 percent of students get job offers from the clinical sites after the residency. After the summer, students continue their studies in the advanced practice program.

During these years of renewal, graduate-level clinical specialty programs were also added, revised, or expanded in response to changes in practice.

Another significant curriculum development was the creation of a Doctor of Nursing Science (DNSc) program in 1992, the first in the nation to have a health-policy and clinical research focus. The program, a natural extension of practice excellence, provides nurses with a foundation in the science and research methodology in the professional discipline and practice of nursing. The purpose of the program is to prepare clinical nurse scholars to examine, shape, and refine health care within existing and evolving delivery systems. Program graduates are uniquely qualified to assume leadership positions in both public and private sectors.



1904

The School established a visiting nurse service to look after the "unfinished business of the hospital," in the words of one physician.

Practice innovations

Following the curriculum revisions, the faculty began a revolutionary program in health care delivery.

Facing a shortage of primary care physicians for its fast growing neighborhood ambulatory care centers, Presbyterian Hospital (now part of the New York Presbyterian Hospital, created from the late-1997 merger of Presbyterian and New York hospitals), turned to the School of Nursing for help. The School's faculty practices were thriving, and its practitioners had earned a solid reputation at the medical center as primary care providers. In 1994, the School and the Hospital joined forces to open the Center for Advanced Practice (CAP), a nurse-run primary care clinic that was staffed with nurse practitioners with full hospital admitting privileges — a first for a nursing practice associated with a major teaching hospital.

Each nurse practitioner is responsible for managing a panel of patients from the first visit through diagnosis, primary care management, and, when necessary, hospital admission and discharge. And each nurse has a formal collaboration agreement with a Presbyterian Hospital physician. The physician serves as an consultant who is available for advice or a second opinion.

Concurrently, another group of faculty members established a collaborative nurse-physician family primary care group practice in which the nurse practitioners and physicians work as peers in practice, also with full authority and hospital admitting privileges.

Students and faculty working in an open-air children's ward. The previous year, the School revised and expanded the curriculum, with more emphasis on scientific theory and clinical practice, paving the way for professional nursing.

1906







Helen Young '12, director of the School of Nursing from 1921 to 1937

Evaluation of primary care physicians and nurse practitioners

To determine whether patient outcomes are similar in both physician and nurse practitioner practices, Dean Mundinger and a multidisciplinary team of researchers designed a large-scale randomized trial comparing costs, quality, and outcomes of care at CAP and at two physician-run clinics in the same system.

A clinical trial was conducted to compare physicians and nurse practitioners in primary care in the conventional medical model of care (i.e., diagnosis and treatment of undetected illness and management of existing conditions). This study confirmed that these core competencies are practiced equally well by both types of practitioners. These outcome measures will allow subsequent practice evaluators to focus on the value-added skills that nurse practitioners bring to a practice when they conduct primary care in the nursing model. This model is characterized by competent diagnostic and management skills plus emphasis on disease prevention, health promotion, and health education, as well as more substantive partnerships with patients.

The faculty is now conducting further evaluations of the School's latest innovation in faculty practice, Columbia Advanced Practice Nurse Associates (CAPNA), which opened in 1997.

CAPNA: An innovation in primary care

An independent primary care practice on Manhattan's Eastside, CAPNA is geared toward active men and women who prefer a prevention-oriented philosophy of care and access to caregivers during extended hours.

Upon CAPNA's opening, Uwe E. Reinhardt, PhD, the noted health policy ana-



"I thank you so much for coming over to help care for my soldiers."

—Czar Nicholas to Helen Linderman, class of 1910

The nurses of Base Hospital No. 2, Etretat, France, during World War I. The unit was largely composed of faculty and graduates of the School of Nursing.



Margaret Conrad '20, director of the School of Nursing from 1937 to 1950.

lyst and James Madison Professor of Political Economy at Princeton University, commented, "Why shouldn't consumers have the right to shop around for cost-effective care — not only among competing physicians, but among competing health professionals of all stripes? By her bold action to challenge the medical profession, Dean Mundinger will rekindle an issue that was first raised, ever so timidly, in the late 1960s but then left dormant. In so doing, she will change the debate on the health-workforce issue."

What also made CAPNA noteworthy was that it secured the backing of Oxford Health Plans, the metropolitan area's largest health insurance organization. Oxford's motivation for agreeing to credential CAPNA nurse practitioners was that CAPNA would expand consumer choice, thereby bolstering the insurer's reputation in the health care marketplace.

CAPNA, the first practice of its kind anywhere, elicited an avalanche of media coverage. Correspondents from "60 Minutes," the *New York Times*, *Wall Street Journal*, *U.S. News & World Report*, *New York Magazine,* and National Public Radio's "Talk of the Nation," among other major media outlets, heralded this innovative practice.

International focus

Columbia's nursing initiatives have also earned an international reputation. Because of the School's accomplishments in advanced practice, the World Health Organization (WHO) designated the School a Collaborating Center for International Development in Advanced Nursing Practice. It was the first nursing school anywhere to receive this important honor.

1928 Maxwell Hall, the School's home at the new Columbia-Presbyterian Medical Center.





As in wars past, the School assembled a contingent of nurses to serve in the Second World War. This same decade, the School offered a one-year course of instruction and experience in the clinical fields leading to the master of science degree.

1940s

Under WHO's banner, the School has undertaken a variety of activities to promote advanced practice nursing and health services research in countries around the world, particularly developing nations. Partnerships have been developed with the American Hospital of Paris; the National Autonomous University in Santo Domingo (UASD), the Dominican Republic; Ehwa Woman's University in Seoul, South Korea; the College of Caring Sciences in Gothenberg, Sweden; and KOC University in Istanbul, Turkey. In 1998, the School of Nursing, with support from the Baxter Foundation, began a project to build a primary care clinic in the Dominican town of Haina and upgraded the maternal-child health program at UASD.

A parallel development was the creation of the Henrik H. Bendixen Chair in International Clinical Nursing, the first of its kind in the world, which is focused on health policy both here and abroad. Richard Garfield, DrPH, an expert on health care in Latin America and on the health effects of embargoes, was appointed the first Bendixen Professor, named for the former vice president of Health Sciences at Columbia University, who fostered and supported the School's renewal.

The Bendixen Chair is one of nine endowed professorships established at the School of Nursing in the last decade, a remarkable number for a full-time faculty of 40 members. The other chairs include the Anna C. Maxwell Professorship in Nursing Research (held by Elizabeth R. Lenz, PhD); the Elizabeth Standish Gill Associate Professorship (Kristine Gebbie, DrPH); the Professorship in Pharmaceutical and Therapeutic Research (Elaine Larson, PhD), the Centennial Professorship in Health Policy (Mary O'Neil Mundinger, DrPH), the Helen F. Pettit Associate Professorship, the Alumni Chair, the Mary Dickey Lindsay Chair in Disease Prevention and Health Promotion, and the Dorothy M. Rogers Clinical Chair. In addition, Herbert and Florence Irving have pledged a chair in oncology nursing, which will bring the total number of named professorships to ten, the second-highest total in a school of nursing.



1937 The School of Nursing became part of Columbia University, offering students the option of a diploma or baccalaureate degree.



1949

Columbia University President Dwight D. Eisenhower congratulates the new graduates.

Setting the Standard

Perhaps the most important advancement at the School of Nursing in recent years has been the growth of research, which has given the School a firm foundation in all three areas of the classic academic triad.

In reinventing the School, the faculty revised the curriculum and implemented a series of innovative practices. The next step was to put the practice advances on a firm scientific footing, which was necessary to give patients, payors, and providers confidence in these new and potentially better models of health care.

Accordingly, not long after the first faculty practices were put in place, the School began an evaluation of its community based health clinics for a Medicaid population, which has since been completed and published. The researchers are now assessing various aspects of a very different practice, CAPNA, which serves a commercial population.

The CAPNA analysis is one of many research projects underway at the School of Nursing, including studies on home care monitoring of HIV-exposed children; attitudes toward condom use among Asian adolescents; health risk and health care needs of Hispanic peri- and post-menopausal women; factors in the home environment associated with risk of infection; and promoting the care of populations with chronic debilitating illnesses. (For a complete list, see Appendix A.)

The School currently has $5.3 million in funded research. This includes eight studies with federal funding (including the first federal research funds ever awarded to Columbia nursing faculty), five with corporate support, and two with foundation and professional association underwriting. Topping the list is a $2.1 million grant from the National Institutes of Health (NIH) to Joyce K. Anastasi, PhD, for a study entitled "Acupuncture and Moxibustion: A Randomized Controlled Trial for Treatment of Chronic Diarrhea in Persons with HIV." It is the largest individual grant ever awarded by the NIH's National Center for Complementary and Alternative Medicine. At this rate of growth, the School expects to become one of the top ten schools of nursing in terms of NIH funding within three to five years.



Eleanor Lee '20, who directed the School from 1951 to 1961.

"Education in nurse midwifery qualifies the professional nurse to function as a specialist on the obstetric team ... and to give and supervise care to the newborn."

— *School of Nursing Handbook, 1955*



1955

Columbia offered the country's first graduate program in maternity nursing and nurse-midwifery.

No academic institution can rely on government funding alone. Corporate and foundation gifts play a vital role in supporting the research and educational programs of the School of Nursing. The School has raised monies from the nation's leading pharmaceutical companies and philanthropic foundations, which underwrite a wide range of academic activities (see Appendix B).

In addition, the School's Office of Development and Alumni Affairs, led by Assistant Dean Jennifer Smith, BSN, MBA, MPH, has raised substantial funds from its active and generous alumni, including a gift of $1 million from Mary Dickey Lindsay '45, chair of the School's capital campaign. Many other alumni continue to contribute generously to the School's scholarship fund. Alumni gifts significantly defray tuition expenses, allowing the School to continue its need-blind policy, thereby admitting qualified and promising students regardless of their ability to finance their education.



Elizabeth Gill '37 led the School of Nursing from 1961 to 1968.

Cultivating research

Research is cultivated in many ways at the School of Nursing. Scholars are helped with Columbia University Strategic Research Funds — critical seed monies for establishing a career in research. The School has also used unrestricted endowment funds to support initial research projects.

Doctoral program graduates are returning as postdoctoral fellows or as junior faculty. In May 1999, Jinah K. Shin became the first recipient of a doctoral degree from the School of Nursing, after completing a dissertation on help-seeking behaviors by Korean immigrants suffering from depression. Dr. Shin has since joined the faculty as a postdoctoral fellow for Dr. Gebbie's research grant and plans to continue her research in psychiatric-mental health.

Thirty-three students are now enrolled in the doctoral program. Two of them have secured prestigious National Research Service Awards. The School will enroll approximately ten new students per year, with the goal of a program with 40 to 50 students. The doctoral program has grown not only in size but also in scope, adding clinical research to its original focus on health policy, a logical change for a school known for clinical practice. This addition further distinguishes the School's doctoral program from others, which tend to focus on education, administration, or theory testing.

To further strengthen the research program, the School has recruited established researchers, including Dr. Gebbie, a nationally recognized health policy expert; Dr. Elaine Larson, former dean of Georgetown University School of Nursing and a world-renowned authority on infection control; and Dr. Elizabeth R. Lenz, creator of the doctoral program in nursing at the University of Maryland and the Center for Nursing Research at Pennsylvania State University Medical Center. Suzanne Bakken, DNSc, was recently recruited to lead the School's informatics department, and a search for a senior scholar in advanced practice in the acute care setting is currently in progress.

The School has also established two additional research centers. The Center for AIDS Research, directed by Dr. Anastasi, provides a comprehensive framework for



The class of 1958 celebrates at graduation. This was the second class with all B.S. graduates; the hospital diploma program had fully evolved.

1958

research and educational programs that address health promotion, disease prevention, symptom management, and quality of life for individuals with HIV. The Center for Health Policy and Health Services, led by Dr. Gebbie, addresses urgent health care delivery needs, especially those of inner-city populations. This Center has developed models for education of nurses and models of care delivery that increase access to high quality, cost-effective primary care services for inner-city residents.



Mary I. Crawford, EdD, the School's leader from 1968 to 1976.

The practices: Evolution and innovation

The CAPNA Center — the home for the various practice initiatives — now consists of more than 30 advanced practice nurses at several sites. This includes two practices owned and managed by the School of Nursing: in midtown Manhattan at Madison Avenue and 57th Street and in northern Manhattan on the Health Sciences campus. The School's other practices include Fort Tryon Nursing Home, Columbia Urban Family Practice, Pediatrics 2000, and Chelsea Piers. In addition, the School's faculty nurse practitioners work in various departments at New York Presbyterian Hospital, including orthopedics, surgery, pediatrics, medicine/pulmonology, and anesthesiology.

The largest faculty practice, CAPNA midtown, continues to grow at a rate of approximately 20% per year (see Appendix C). New patients are steadily joining the practice, largely through referrals from other patients, a promising measure of patient satisfaction.

Insurers are also recognizing Columbia's nurse practitioners. CAPNA now has contracts with six health maintenance organizations and point-of-service providers, including Oxford, Prudential HealthCare, United Health Group, and CIGNA HealthCare, and seven preferred provider organizations, including Empire Blue Cross and Blue Shield. CAPNA nurse practitioners are full participating members in the Columbia Presbyterian Physician Network (CPPN), the medical center's managed care contracting organization.

There are several reasons for the School's success in obtaining contracts with insurers and providers. First, CAPNA is recognized for establishing the benchmark criteria for credentialing of nurse practitioners, which have been adopted by several



1965

Students enjoy a break from studies in the Maxwell Hall pool. The same year, Columbia inaugurated a master's pogram in psychiatric-community mental health nursing.

managed care organizations. (Key criteria include admitting privileges, full prescriptive authority, malpractice coverage, national board certification, experience with managing a panel of patients, and a master's degree.) Insurers and providers are also attracted by the high quality of CAPNA providers, as demonstrated by their credentials and their high ratings with regard to patient satisfaction, and the School's outcomes research. Another reason is the practices' demonstrable quality management. Finally, the faculty practice model lends both credibility to the School's practices, as well as sophistication in terms of its approach to practice management and clinical practice in general.

The issues of cost effectiveness and patient choice will decide who delivers primary care in the future. If the School's nurse practitioners can achieve the same or better quality of care, level of satisfaction, and cost effectiveness, practices like CAPNA will almost surely thrive. The School will soon complete a three-year study of CAPNA that is examining these and other measures. The data will be compared with the patients' previous experience with commercial health plans.

In its various research projects, the School is demonstrating that advanced practice nurses offer a different practice model. According to Dean Mundinger, "The ideal solution is to combine the best of medicine and the best of nursing. A medical specialist and an advanced practice nurse, working together, can offer a broader range of services than any two doctors or two nurses. In such a partnership, the nurse can provide primary care attuned to the patients' lifestyle and health needs, keeping them well and independent, and can manage chronic disease, while the physician can diagnose and treat complex conditions."



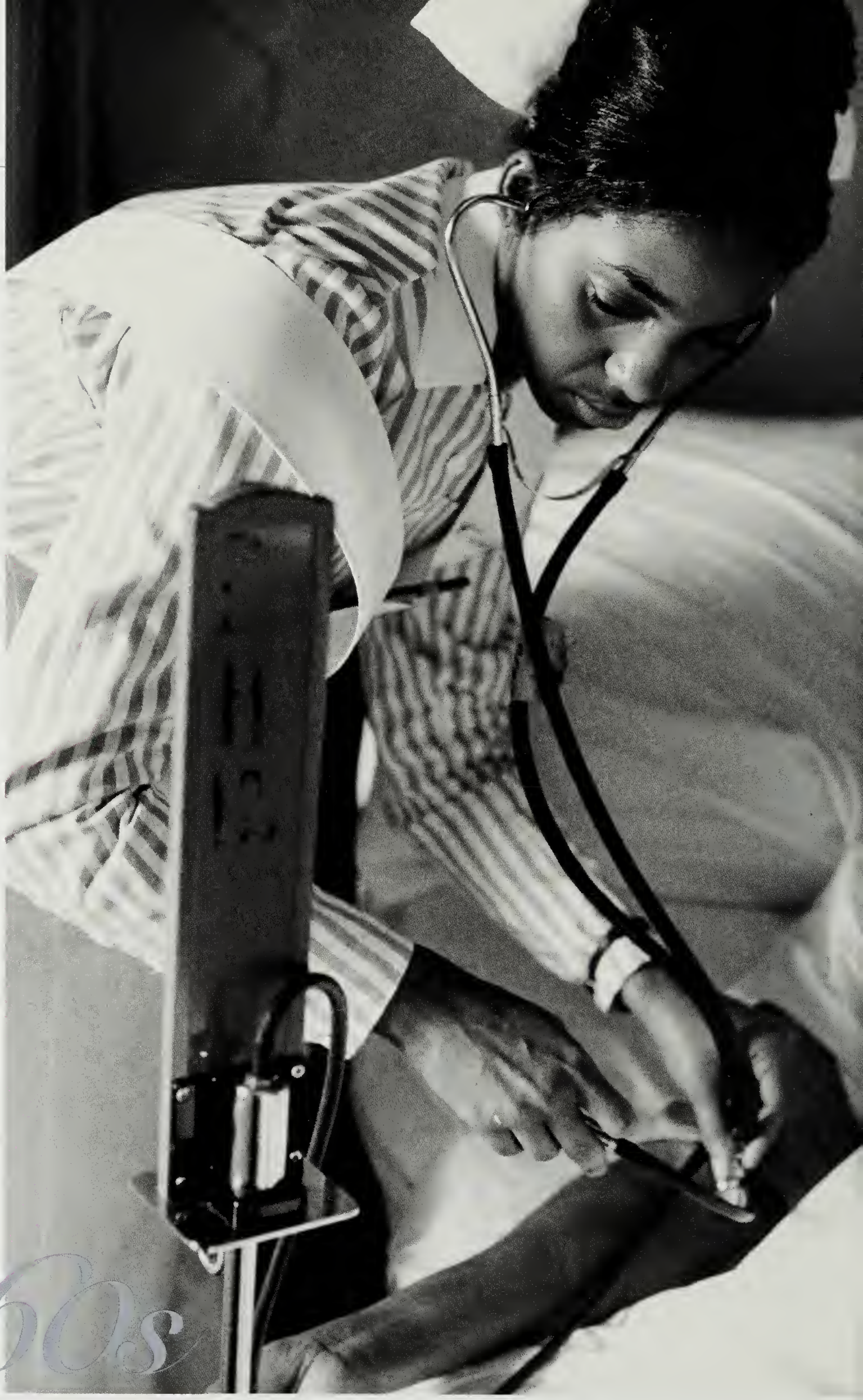
Helen F. Pettit '36, director of the School of Nursing from 1976 to 1980.

Strengthening the curriculum

At the master's level, several clinical specialties have been added in response to changes in the health care marketplace. Students can now specialize in 11 different areas, including adult, geriatric, pediatric, family, neonatal and perinatal primary care, critical care, psychiatric/mental health, oncology, nurse anesthesia, nurse midwifery, and women's health. In addition, sub-specializations are available in HIV/AIDS, substance abuse counseling, genetic counseling, and pediatric acute care.

"Nursing is one of the essential forces which guarantees that human values and spirit are not lost in the progress that science makes."

—Lucile Petry Leone, former Chief Nursing Officer, U.S. Public Health Service, commencement, 1967.



1960s

The first minority students are enrolled in 1962.

Together, these offerings constitute one of the most comprehensive graduate programs in the nation.

The graduate curriculum has been strengthened with content in a variety of areas, including nutrition, behavioral care management in primary care, identification and management of violence, concepts of business management for advanced practice nursing, geropsychiatry, emergency advanced practice, and nephrology nursing. These new topics are covered in a series of "mini courses," one-credit, single-topic courses, which are scheduled on evenings or weekends. The faculty also revised the graduate level core and supporting sciences courses, which are common to all 12 clinical specialty programs.

One measure of the success of the curriculum is graduate outcomes: More than 90 percent of enrollees continue from the Entry-to-Practice to the master's phases of study, up from only 70 percent a few years ago. More than 90 percent of master's graduates are working as advanced practice nurses.

Adding to the high job placement rate for Columbia graduates is the School's Office of Career Resources, which offers formalized career guidance for both students and alumni. The service acts as a clearinghouse for alumni employment opportunities, with focuses on experienced nurses looking for career advancement, those who have relocated to another part of the country, and those who have been out of the workforce for some time. There is also an interactive web site — the only one of its kind at a school of nursing — allowing alumni to search for job opportunities and employers for employees. More than 300 alumni have requested a password to obtain access to the site. Other features of the service include workshops on resume writing and interviewing skills, consultations regarding advanced degrees and certificate programs, a career resource library, and a resume book of alumni seeking employment.

Another measure of the School's curriculum is enrollment. During the 1999-2000 academic year, enrollment at the School reached record levels, while it declined at other nursing programs locally and nationally.

Separate faculty status

A recent event of note is the Columbia University Board of Trustees decision to grant separate faculty status to the School of Nursing (and to the Joseph L. Mailman School of Public Health). The schools of medicine, dentistry, nursing, and public health are now separate entities; together, their faculties constitute the faculty of the Health Sciences Division of the University.

This is a fitting and important milestone in the history of the School of Nursing. In 1892, the School began as a leading hospital diploma school, growing by 1937 into a department in the Faculty of Medicine of Columbia University, granting baccalaureate degrees. The School offered its first graduate program in 1955, joining the ranks of other professional schools. In 1999, the School granted its first doctoral degree. With a distinct and separate faculty, the School of Nursing has achieved full academic status within the University.



1970s Frank Hunter, one of the first male students at the School of Nursing. Also in the 1970s, the adult nurse practitioner and pediatric nurse practitioner programs were started.



JoAnn S. Jamann, EdD, the School of Nursing's leader from 1980 to 1986.

Student nurse Kathleen McCooe, class of 1989. Among the highlights of the 1980s was the launching of the universal practice plan, the first in a School of Nursing.

1989



The Future



1990s In the Columbia model of nursing education, first-semester students get one-on-one attention in the clinical setting. In 1994, the School established a doctor of nursing science program, distinguished by its focus on health policy.

Advanced practice in the inpatient setting

Advanced practice initiatives in the inpatient setting hold great promise. Hospitals are starting to reorganize clinical services along disease specific lines, such as cancer and heart disease, that cut across traditional departmental lines. This reorganization is well suited to advanced practice nurses, who are ideally positioned to follow the patient throughout their hospital stay as well as through discharge to home.

The School of Nursing has several faculty nurse practitioners working in inpatient settings at New York Presbyterian Hospital, specializing in liver transplantation, geriatrics, surgery, pediatrics, and neurology. In these settings, the nurse practitioner works closely with physician specialists, providing medical management, expert discharge planning, and other professional services to enrich the specialist care. In light of a new and fast growing nursing shortage in hospitals nationwide, the acute care nurse practitioner will be the key resource, innovating novel teams of care, within nursing and across disciplines.

Institute for Advanced Practice

The School of Nursing has set new standards that will continue to improve the teaching and delivery of health care around the world. After 15 years of strengthening the curriculum, adding new programs, and establishing a high-quality research program — all for the mission of advancing the quality and scope of nursing care —the School is working to anchor its many achievements with the establishment of an Institute for Advanced Practice. The core activities of the Institute will include: designing, establishing, and evaluating advancements in nursing practice; conducting strategic research in health policy and outcomes; outreach to promote Institute affiliations and to disseminate research findings worldwide; and faculty and student fellowships to encourage international collaboration and learning.

The Institute will consist of four centers, two already in existence — the CAPNA Center and the WHO Collaborating Center for International Development in Advanced Practice — and two in formation — the Center for Health Care of the Underserved and the Center for Outcomes Research. All four centers are connected by the theme of advanced practice that is responsive to the health care environment that reflects the evolving needs of patients in communities across the nation and around the world.

The *CAPNA Center* houses the CAPNA faculty practice, which offers primary care to commercially insured and private patients, and those covered by Medicare. CAPNA Consults, founded with resident scholars and business minded faculty who are experts in contracting with managed care, teaches the business of independent nursing practice skills to nursing students. The CAPNA Center will be directed by the holder of the Helen Pettit Chair.

The mission of the *WHO Collaborating Center for International Development in Advanced Practice* is to develop international exchanges, international consulting opportunities in advanced practice nursing education and clinical practice, and



Patty Ruiz, MS, a pedicatric nurse practitioner at one of the School's primary-care clinics.

1995

"Few of us have a greater responsibility
than the American nurse...
It's time to give nurses more to do."

— Joseph A. Califano, Jr., former secretary of Health and Human Services, School of Nursing Centennial Convocation, 1991



2000

Judy Honig, EdD, a pediatric nurse practitioner at one of the School's independent primary care practices and Assistant Dean for Student Services.

collaborative research. Richard Garfield, DrPH, as the Bendixen Professor in International Nursing, heads the WHO Center and its scholar selection process, and evaluates the outcomes of the visiting professor program. The WHO Center will serve as the home of the Visiting Professor in International Health Care. This proposed professorship will be for an appointment of one month to one year for international scholars working under the School's aegis. This will serve as a formal bridge for international visitors, ensuring the School's broadest possible outreach as visiting scholars apply the knowledge and skills gained during their time at the School with colleagues and institutions in their home countries.

The *Center for Health Care of the Underserved* will continue the School's longtime commitment to inner-city and other underserved communities. It will house four clinical practices that provide and evaluate cross-cultural health care for Latino and African-American families, who are the closest neighbors to the Columbia Presbyterian Center of New York Presbyterian Hospital; the Family Health Center (an interdisciplinary clinical collaboration between family nurse practitioners and family physicians), Pediatrics 2000 (a pediatric primary care clinical practice), the Morrisania Birthing Center, and the new primary care center in the Dominican Republic. The Professor in Health Care for the Underserved, another proposed chair, will head the Center as well as conduct and advance clinical and policy research to better care for underserved populations.

The core mission of the *Center for Outcomes Research* will be to further develop research focused on clinical outcomes of care. Outcomes research is becoming more critical as cost effectiveness grows in influence and alters access to care. The School is continuing its analysis of the randomized trial comparing nurse practitioners and primary care physicians (the first findings were published in *JAMA*). Other research projects include an efficacy study of infection control in intensive care units, a study of symptom management for persons with HIV/AIDS, and the evaluation of the CAPNA faculty practice. The Center also teaches methodologies required to conduct this field of research. The Center will be directed by Dr. Elizabeth R. Lenz, the Anna C. Maxwell Professor of Research.

The Mary Dickey Lindsay Professor in Disease Prevention and Health Promotion will serve as director of the Institute for Advanced Practice and coordinate activities among the Centers and other Columbia University schools. The director will initiate activities designed to promote research and practice innovations and increase dia-



2000 *Elaine Larson, PhD, Professor of Pharmaceutical and Therapeutic Research (left), a world renowned authority on infection control.*

logue and information sharing among the leading schools of nursing and academic health centers throughout the world. Within the CAPNA Center, the director will be responsible for activities designed to ensure the continued growth and success of CAPNA faculty practices as well as for initiatives related to the replication of similar faculty practices across the nation.

Each Center director will be a member of the Institute's Executive Committee, headed by the director of the Institute.

The future of the School

The Institute for Advanced Practice will play a major role in the School of Nursing's future by paving the way for practice innovations, adding to evidence-based practice, and mastering methods of quantitative outcomes research. By establishing this framework, the School will anchor its leadership in advanced practice and strengthen the matrix of interdisciplinary research in the medical center and the larger university. The School's acknowledged leadership in international advanced practice will lead to further partnerships in research, student recruitment and clinical experiences, and to a stronger world citizenship. In the same spirit, the School will continue to provide services to underserved populations in inner-city communities and, through web-based consultation and communication with distant colleagues, extend its reach to rural areas.

The breadth and depth of the School's future can also be seen in the work already in progress in the Center for AIDS Research, where for a decade Dr. Anastasi has pioneered therapies for reducing the symptoms of AIDS, employing both complementary modalities and nursing protocols. As the first NIH-funded researcher in the School's history, Dr. Anastasi is charting new possibilities for all scholars on the faculty. Dr. Gebbie, Director of the Center for Health Policy, is building on her earlier career as state health commissioner in both Washington and Oregon, the only nurse to hold this position anywhere in the country. Today, she is earning further recognition by designing creative and incisive curricula as well as crisis readiness programs for the nation's public health departments. Dr. Larson, one of nursing's leading scholars, is the world's foremost expert on hand hygiene as a predictor of infection control, both in hospitals and in the community. Dr. Garfield, a renowned scholar of the health effects of embargoes and wars on civilians, is the only nurse to have led international medical teams to survey and assess the health effects of economic sanctions and armed conflicts, including forays into Iraq, Iran, and Nicaragua. In addition, his work to improve access to care in the School's community has been extensively emulated and cited in the literature. Other scholars at the School, equally promising, are just beginning their careers as investigators, while



2000

Edwidge Thomas, MS, Director of Clinical Services at CAPNA, the School's pioneering faculty practice.

many expert practitioners are learning the methods of research, fashioning a dual role that will serve health care delivery well in the years to come.

The School of Nursing is building for the future. It has flourished because of deeply valued partnerships with colleagues at Columbia University's Health Sciences campus and with many of the schools on the Morningside campus. "Columbia has been the right environment for the renewal of the School of Nursing," says Dean Mundinger. "The School will continue to add to, and benefit from, this community of scholars."





2000 and beyond

"Columbia has been the right environment for the renewal of the School of Nursing. The School will continue to add to, and benefit from, this community of scholars."

— Dean Mary O'Neil Mundinger, DrPH

Columbia University School of Nursing

FUNDED RESEARCH 1999-2000

Principal Investigator	Project Title	Funding Source	Total Budget	1999 Budget
Joyce Anastasi, PhD	Acupuncture and Moxibustion: An RCT for Treatment of Chronic Diarrhea in HIV Patients	NCCAM	$2,121,137	$707,046
	Testing Strategies to Reduce Diarrhea in Patients with HIV	NINR	$582,000	$118,000
Mary Woods Byrne, PhD	Home Care Monitoring of HIV Exposed Children	NINR	$269,990	$90,900
Kristine Gebbie, DrPH	Local Public Health Competency for Emergency Response	CDC	$722,229	$447,797
	Enumeration of the Public Health Workforce	HRSA	$108,027	$108,027
	Health Services Research Conference	AHRQ	$20,000	$20,000
	Promoting the Care of Populations with Chronic Debilitating Illnesses	Village Cares of New York	$165,000	$75,000
Inseon Hwang	Attitudes Toward Condom Use Among Asian Adolescents	NINR	$102,000	$25,532
Bernadette Capili	Symptom Management in HIV	NINR	$102,000	$25,532
Noreen Esposito, EdD	Health Risk and Health Care Needs of Hispanic Perimenopausal and Postmenopausal Women	Wyeth-Ayerst	$225,000	$150,000
Elaine Larson, PhD	Improving Skin Conditions of Health Care Workers: A Pilot Project	Steris Corporation	$8,071	$8,071
	Correlation of Density of Patient Skin Flora and Surgical Site	3M Corporation	$191,476	$95,738
	Factors in the Home Environment Associated with Risk of Infection	Proctor & Gamble	$148,577	$74,039
Elizabeth Lenz, PhD	Evaluation of a Nurse Practitioners Primary Health Clinic	W.K. Kellogg Foundation	$427,263	$153,964
Mary O'Neil Mundinger, DrPH	Evaluation of Primary Care in Washington Heights	Robert Wood Johnson Foundation	$148,079	$124,000
TOTAL			**$5,340,849**	**$2,224,555**

AHRQ = Agency for Healthcare Research and Quality
CDC = Centers for Disease Control and Preventions
HRSA = Health Resources and Services Administration
NINR = National Institute of Nursing Research, National Institutes of Health
NCCAM = National Center for Complementary and Alternative Medicine, National Institutes of Health

Columbia University School of Nursing

Foundation/Corporation and Individual Support 1990-2000

Baxter Allegiance Foundation
Funded the establishment of a faculty-run primary care practice in Haina, Dominican Republic under the guidance of Richard Garfield, DrPH

Bristol-Myers Squibb Foundation
CAPNA support

Devonwood Foundation
Scholarship support

Aaron Diamond Foundation
Scholarship support

Fan Fox and Leslie R. Samuels Foundation
Grant for a three-and-a-half-year study to evaluate the utilization, patient satisfaction, quality, and outcomes of care provided to adults by nurse practitioners

Helene Fuld Trust
Assistance with physical plant improvements and equipment purchasing

Hugoton Foundation
Purchase of equipment for The Learning Center (TLC), funded development of teaching tool that incorporates a preceptor segment

Robert Wood Johnson Foundation
Funded study of the preparation of currently employed public health workers for changes in health system research by Kristine Gebbie, DrPH

Robert Wood Johnson Foundation
W.K. Kellogg Foundation
United Hospital Fund
Commonwealth Fund
Supported an evaluation of a nurse run primary care practice in Washington Heights by Mary O. Mundinger, DrPH, Elizabeth Lenz, PhD, and Robert Kane, MD

Henry J. Kaiser Foundation
Unrestricted funding

Merck Company Foundation
Support for the School's World Health Organization Collaborating Center activities

Metropolitan Life
Funded production of student recruitment video

Pfizer, Inc.
Contributed support for the School's new sub-specialty in clinical research study coordination, CAPNA, and establishment of the Pfizer Health Policy Forums

Proctor and Gamble
Funded a study of factors in the home environment associated with risk of infection by Elaine Larson, PhD and Richard Garfield, DrPH

Lewis and Rachel Rudin Foundation, Inc.
Scholarship support

Stone Foundation
Funded a comprehensive collaborative medical, nursing, and dental education curriculum

Teagle Foundation
Funded the development of an advanced practice institute on managed care for nursing faculty

3M Health Care
Funded a study of the correlation of density of patient skin flora and surgical site by Elaine Larson, PhD

Washington Square Foundation
Sponsorship of a national interdisciplinary conference on access to primary health care

Henry Wheeler and Joan T. Wheeler Charitable Fund
Unrestricted funding

Wyeth-Ayerst
Funding a study on the health risk and health care needs of Hispanic post-menopausal women by Noreen Esposito, EdD

Endowed Chairs

Centennial Professorship in Health Policy (Mary O'Neil Mundinger, DrPH)

Anna C. Maxwell Endowed Professor of Research (Elizabeth R. Lenz, PhD)

Henrik H. Bendixen Professor in International Clinical Nursing (Richard Garfield, DrPH)

Pharmaceutical and Therapeutic Research Professorship (Elaine Larson, PhD)

Elizabeth Standish Gill Associate Professorship (Kristine Gebbie, DrPH)

Irving Professorship of Oncology Nursing (fully pledged)

Mary Dickey Lindsay Endowed Chair in Disease Prevention and Health Promotion (search open)

Alumni Professorship (search open)

Helen F. Pettit Associate Professorship (search open)

Dorothy M. Rogers Endowed Clinical Professorship (search open)

Major Gifts and Donors (including Endowed Named Scholarships)

American Nurses Association

Norma Karlen Landon Bagwell '46

Brenda Barrowclough Brodie '65

Carl R. Desch (in honor of Barbara Desch Lenihan '74)

Dorothy Simpson Dorion '57

Donald Farrell (in memory of Barbara Farrell '58)

Elise Dunlop Fish '35

Carol Ince '75

Steven H. Jansson (in memory of Terry Marcos Jansson '78, '88)

Hilda Hodges Jones '79

Karen A. Kennedy, MD '86

Walter H. D. Killough Trust

Gerald D. Laubach, PhD

Mary Dickey Lindsay '45

Amelia McFadden Mansfield '48

Douglas C. Orbison, Jr. (in memory of Katherine Tucker Orbison)

Helen Ellis Prouty '37

Joan Seaburgh Puydak '56

Jane Crowell Rieffel '46

Estate of Carmen Sharp

Mary Bleecker Simmons '60

Estate of Eleanor F. Wesolowski '39

Centennial Contributions (1992)

Horace Goldsmith Foundation

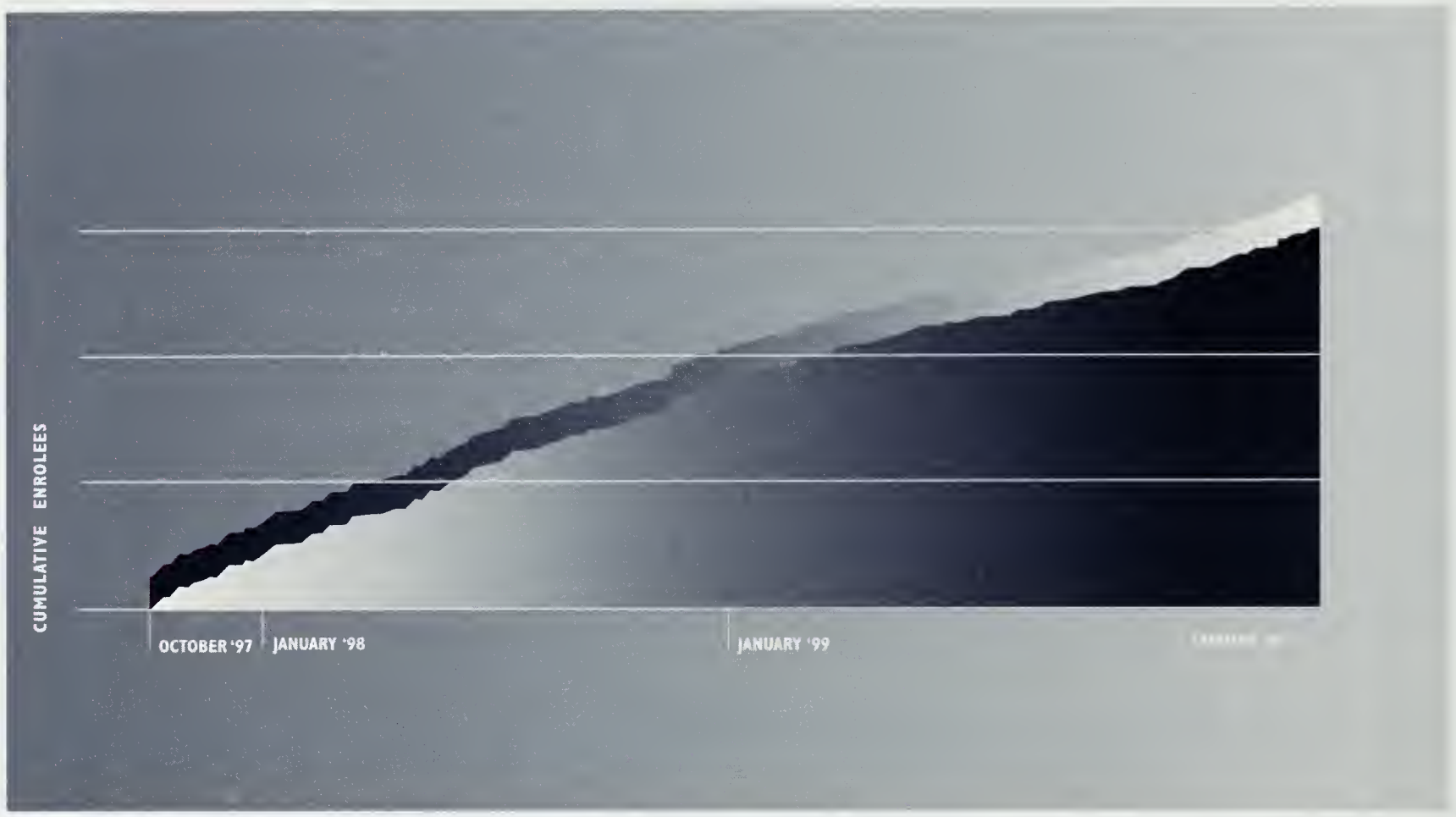
Phillip Graham Fund

William Casper Graustein Memorial Fund

Margaret Milliken Hatch Charitable Trust

Columbia University School of Nursing

CAPNA Enrollments



Financial Overview (1985-2000)

(in thousands)

Income	*FY 1985*	*FY 1990*	*FY 1995*	*FY 2000*
Tuition & Fees	2,940	3,209	6,439	8,934
Sponsored Projects	735	1,357	1,708	1,918
Gifts	53	180	82	360
Endowment Income	161	310	508	1,125
Faculty Practice	0	280	404	1,184
Other	0	557	253	249
Total	**$3,889**	**$5,884**	**$9,394**	**$13,770**

Expenses	*FY 1985*	*FY 1990*	*FY 1995*	*FY 2000*
Personnel	55%	49%	50%	50%
Financial Aid	12%	25%	11%	12%
Overhead	33%	26%	39%	38%

Columbia University School of Nursing

Administration and Faculty

Administration

Mary O'Neil Mundinger, DrPH, FAAN
Dean

Sarah Sheets Cook, MEd
Vice Dean

Geoffrey S. Berg, MBA
Vice Dean for Finance & Administration

Paulette Linson Keegan, MBA
Associate Dean for Student Affairs

Elizabeth R. Lenz, PhD, MS, FAAN
Associate Dean for Research & Doctoral Studies

Karen K. Piacentini, MBA
Associate Dean for Practice Development

Judy Honig, EdD
Assistant Dean for Student Services

Jennifer A. Smith, BSN, MBA, MPH
Assistant Dean for Development & Alumni Affairs

Faculty

Named Professor

Mary O'Neil Mundinger, DrPH, FAAN
Centennial Professor in Health Policy

Richard Garfield, DrPH
Henrik H. Bendixen Clinical Professor of International Nursing

Kristine Gebbie, DrPH
Elizabeth Standish Gill Associate Professor of Nursing

Elaine Larson, PhD, FAAN, CIC
Professor of Pharmaceutical and Therapeutic Research

Elizabeth R. Lenz, MS, PhD, FAAN
Anna C. Maxwell Professor of Nursing Research

Professor of Nursing
Suzanne Bakken, DNSc

Professor of Clinical Nursing
Sarah Sheets Cook, MEd

Associate Professor of Nursing
Joyce Anastasi, PhD, LAC, FAAN
Mary Woods Byrne, MPH, PhD
Kristine Gebbie, DrPH

Assistant Clinical Professor of Nursing Management
Geoffrey Berg, MBA

Assistant Professor of Nursing
Noreen Esposito, EdD

Assistant Professor of Clinical Nursing

Suzanne Arcuni, MSN
Karen Betten, MSN
Kate Brown, MS, ANP
Penelope Buschman, MS, CS, FAAN
Katharine Catanese, MS
Rozelle Corda, MSN
Lesly Curtis, MS
Karen Desjardins, MS, MPH, ANP
Jennifer Dohrn, MS, CNM
Mary Donovan, MS
Ana Echererri, MS
Margaret Flannery, MS
Elizabeth Hall, MS
Patricia Harren, MS
Judy Honig, EdD, CPNP
RitaMarie John, MS, PNP
Timothy Lehey, MS, CRNA
Stasi Lubansky, MS
Christine Merle, MSN
Lonnie Morris, ND
Anita Nirenberg, MS, C-NP, AOCN
Willliam Roberts, MS
Diane LaPointe Rudow, MS
Josephine Sapp, MS
Jennifer A. Smith, MBA, MPH
Janice Smolowitz, EdD
JoAnne Staats, MA
Edwidge Thomas, MS, ANP
Mary Ellen Tresgallo, MSN, MPH
Kristine Viscovich, MS
Kimberly Whitfill, MS
Laura Zeidenstein, MS, CNM

Columbia University School of Nursing

BOARD OF VISITORS

Phil M. Nudelman, PhD, **Chair**
The Hope Heart Institute
Seattle, Washington

Jeremiah A. Barondess, MD
New York Academy of Medicine
New York, New York

Brenda Barrowclough Brodie '65
Durham, North Carolina

Dorothy Simpson Dorion '57
Jacksonville, Florida

Phyllis R. Farley
New York, New York

Marjorie Harrison Fleming '69
Princeton, New Jersey

Charlotte M. Ford
New York, New York

William T. Friedewald, MD
Columbia University
New York, New York

Doris Macdonald Hansmann '43
Ridgewood, New Jersey

Karen Hein, MD
William T. Grant Foundation
New York, New York

Charles A. Heimbold, Jr.
Bristol-Myers Squibb Company
New York, New York

Robert L. Kane, MD
University of Minnesota
Minneapolis, Minnesota

Karen Katen
U.S. Pharmaceuticals, Pfizer Inc
New York, New York

Karen A. Kennedy, MD '86
New York, New York

Gerald D. Laubach, PhD
Essex Fells, New Jersey

Mary Dickey Lindsay '45
New York, New York

Margaret E. Mahoney
MEM Associates
New York, New York

Elizabeth J. McCormack
Rockefeller Family and Associates
New York, New York

Phyllis J. Mills
New York, New York

Duncan V. Neuhauser, PhD
Case Western Reserve University
Cleveland, Ohio

Elena C. Patterson
New York, New York

Marnie S. Pillsbury
New York, New York

Alma E. Rangel
New York, New York

George G. Reader, MD
Weill Medical College of
Cornell University
New York, New York

Mary Bleecker Simmons '60
Alexandria, Virginia

Sara Shipley Stone '69
Darien, Connecticut

Phebe Thorne-Marrin '64
New York, New York

Bruce C. Vladeck, PhD
Mount Sinai School of Medicine
Mount Sinai NYU Health
New York, New York

Helene Weld
New York, New York

Joan Tompkins Wheeler '46
Woods Hole, Massachusetts

COLUMBIA UNIVERSITY LIBRARIES
0073043451

Columbia University

George Rupp, PhD
President

Stephen Friedman, LLB
Chair of the Trustees of the University

Columbia University School of Nursing

Mary O'Neil Mundinger, DrPH
Dean and Centennial Professor in Health Policy

Sarah Sheets Cook, MEd
Vice Dean

Produced by the

Office of Development and Alumni Affairs
Columbia University School of Nursing

Editorial Director
Jennifer Smith, BSN, MBA, MPH
Assistant Dean, Development and Alumni Affairs

Writer
Gary Goldenberg

Design
Krawciw/Wasylkiwskyj

Production Coordinator
Ann Salamy, MA
Director of External Affairs

Photography
Gabriela Cooney (p. 23-bottom)
Gary Goldenberg (p. 18)
Bill Irwin (p. 1)
Carlos René Perez (cover-bottom, pp. 2, 20, 21, 22, 23-top)
Deborah Rudolph (p. 19)
School of Nursing Archives (cover-top, inside front cover, pp. 4-9, 10-top, 11-15)
Elizabeth Wilcox (pp. 16, 17)

© 2000 Columbia University School of Nursing

Columbia University School of Nursing
630 West 168th Street
New York, New York 10032
212/305-3254

Web address: www.nursing.hs.columbia.edu



COLUMBIA UNIVERSITY SCHOOL OF NURSING

1892 2000

MILLENNIUM REPORT